Gift to Agency Report	A Public Do	ocument		GIFT TO AGENCY REPORT
. Agency Name			Date Stamp	California 201
Governor's Office				Form OUI
Division, Department, or Region	(if applicable)			For Official Use Only
Street Address			į	
State Capitol				
Area Code/Phone Number E-n	nail		Amendment (oxplai	n in comment section)
916 445 0873				
Agency Contact (name and lillo)		,	Date of Original Filing	(month, day, year)
Dan Maguire, Deputy Legal Aff	airs Secretary			
Donor Name and Address			<u> </u>	
☐ Individual		☑ Other	GE c/o Universal S	ludios Hollywood
Last Name	First Name	<u> </u>		Namo
100 Universal City Plaza 5511-			CA	91608
Address	Cily		State	Zip Code
GE is a diversified technology,			<del></del>	
if 'Other' is marked, describe the entity's busin	ness activity (if business) or its nature and inte	erests.		
If applicable, identify the name of ea	sch source and the amount(s) solicit	ted or receive	ed by the donor for this	gift:
				•
Name	Amount .		Name	Amount
Payment Information			<del></del> : :-	
•	7-21-08	•	122,965	
Date and Amount of Payment	(athor than travel) 7-21-08 (month, day, yoru)	. •—	(Round to whole dollars)	
	t anation of a	Tanad		
Travel Payment Information (Re	ound to whole dollars) Location of 1	Itavei		<del> </del>
•	<b>¢</b>	ς.	•	•
• •	tation Expenses Lodging Expenses			· · · · · · · · · · · · · · · · · · ·
Provide a specific descripti	on of the nature and use of	the paym	ent for official age	ency business:
GE paid a deposit to Genesis C	reative Group Inc. for transports	ation and log	gistics services for the	e upcoming Border
Governor's event on August 13	- 15, 2008. California is hosting	g the Border	Governors conferen	ce this year.
Identify the officials for who	om the payment was used:			
Al A D fela				
Not applicable  Last Name	First Name		Title	Department/Division
COST VILINA	V			
	First Name		Title	Danada ant/Danada
Last Name	First Name		Title	Department/Division
Verification				
I have determined that it is in the int	erests of the agency to accept this (	gift and use it	for the official agency	business described above.
XIC-P	Susan Kennedy		of Staff	7/29/0
Signature of Agency Head or Designee	Print Name		Titlo	(month, day, year)
Comment: (Use this space or an alta	chment for any additional information.)			